

**DR HENRY JANUSZEWICZ BAYSIDE HAEMATOLOGY  
REGISTRATION AND PRIVACY CONSENT FORM**

Your personal information is used to assist with your diagnosis and treatment, as well as for accurate personal identification and communication.

Specifically, the information is used for the following purposes:

- Disclosure to other health professionals involved in your health care. This includes your general practitioner, medical specialists, allied health professionals and medical investigations providers.
- For accounting and administrative purposes, to comply with Medicare and Health Insurance Commission requirements.
- For quality assurance within this practice.

**PLEASE PRINT CLEARLY IN BLACK PEN**

SURNAME: (Mr Mrs Miss Ms Mst Dr) .....

GIVEN NAMES:

ADDRESS: .....POSTCODE: .....

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: .....

PHONE: (home)..... (work)..... (mobile) .....

EMAIL: .....

Occupation:

Medicare No: ..... Ref. No. (on left of your name): ..... Expiry Date: /20

Do you have a: Pension / DVA / Health Care card? YES or NO

IF YES: Number: ..... Expiry Date: / 20

Do you have Private Health Insurance? YES or NO

Name of Fund: .....

Level of Cover: ..... Membership No: .....

REFERRING Doctor: .....

Address: .....

Phone No:.....

LOCAL Doctor (IF NOT referring doctor): .....

Address: .....

Phone No: .....

CONSENT:

I have read the above statement and I give my consent to the use of my personal information in above circumstances. I recognize that I have the right to withhold any information, but this may compromise my medical care. I consent that my personal details may be used to retrieve medical information, including reports and results from medical facilities including hospitals, pathology providers, radiology providers etc. outside this medical practice. I am aware that I can request that a specific health professional does not have access to my personal information. I consent for this practice to obtain my Medicare number if required for billing purposes.

SIGNED:..... DATE: .....

Please note: Referrals from a specialist are only valid for 3 months. If your original referral came from a specialist, you will need to obtain a new referral from your GP beyond that first 3 months.

**DR HENRY JANUSZEWICZ MBBS BScMed FRACP FRCPA  
BAYSIDE HAEMATOLOGY**

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**41 Como Pde East, Mentone 3194**

**Tel 9585 5140 / Fax 9011 9688**

Provider 019208DJ

Dear Patient,

Please complete the registration page in **Black Pen** and return to us together with your referral as soon as possible.

Our fees are listed below:

MBS Item 132 Comprehensive initial consultation \$330.00, pensioners \$270.00, Medicare rebate \$236.95, gap 93.05 or 33.05

MBS Item 133 Comprehensive review consultation \$170.00, pensioners \$150.00, Medicare rebate \$118.65, gap 51.35 or 31.35

MBS Item 110 Standard initial consultation \$240.00, pensioners \$170.00, Medicare rebate \$135.45, gap 104.55 or 34.55

MBS Item 116 Standard review consultation \$120.00 for all  
Medicare rebate \$ 67.80, gap 52.50

If you have hardship with the gap fee, please discuss with us.

Hospital procedures such as blood transfusion and chemotherapy are billed to your health fund.

Thank you for your assistance.

Kind Regards,

Bayside Haematology